

| Volume 14 | Number 3 | Summer 2016 |

# DAKOTA NURSE

C O N N E C T I O N

**NDBON Nursing Education  
Annual Report**

**Scope of Practice Laws Updated  
to Reflect Current Practice**

**NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING**



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# DAKOTA NURSE

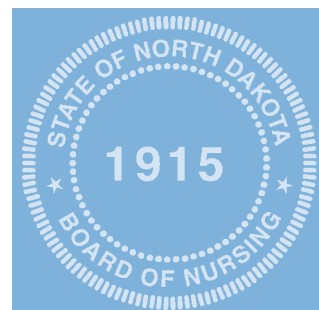
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## *A message from the Executive Director*

Gloria Damgaard, RN, MS, FRE  
*South Dakota Board of Nursing*

Summer greetings to all of our readers of the Dakota Nurse Connection, I hope this finds you doing well and enjoying the season of heat and humidity! My message to you this quarter is all about connections.

The position of Executive Director of the South Dakota Board of Nursing requires a connection with all other Boards of Nursing in the country. Many of these connections are face to face in meetings and committees of the National Council of State Boards of Nursing in Chicago. The benefits of these connections are many and are truly a gift to me in my role with the Board of Nursing. It does require trips to Chicago which is always interesting but I am always happy when I return back home to South Dakota.

Last week, the Board of Nursing held a strategic planning meeting in Rapid City, which for most of us required a road trip across the state. This too, proved to be a gift of connection in several different ways. The Board worked hard at defining shared values, articulating a succinct mission statement and identifying the focus of our work for the next three years. The members connected around this work in a way that I could not foresee. We have a stronger Board because of it. Nurses in South Dakota can be very proud of their Board of Nursing members and staff.

Another unforeseen gift was that of witnessing the "spiritual geography" of our state as we made our way to and from Rapid City. I am always awed by the

majesty of the Missouri River as you come upon it from the flatness of the east river prairie. The recently harvested fields of grain that were a brilliant gold color with perfectly rounded bales of straw dotting the landscape was an inspiration to me. It was a connection to my South Dakota heritage. I started thinking about the book, Dakota: A Spiritual Geography written by Kathleen Norris. I had read it several years ago and was compelled to reread it. Kathleen Norris talks about a "spiritual geography" as a way that a place shapes people's attitudes, beliefs and myths. She has a quote on the dedication page of the book from a Spanish philosopher that reads: ***"Tell me the landscape in which you live and I will tell you who you are". Jose Ortega y Gasset.*** This quote speaks volumes to me as I work in an environment that is state, nationally and globally based.

One of the topics of discussion at the Board's strategic planning meeting centered around the 100<sup>th</sup> Anniversary of the Board of Nursing that will take place in 2017. The first meeting of the Board of Nursing was in July of 1917, in Pierre, SD. We have the financial records of the Board that date back to July 30, 1917. Elizabeth Dryborough was the first Executive Director and served in the position from 1917-1926. Expenses are recorded for her railroad fare from Rapid City to Pierre which cost \$13.65. I can't help but wonder if the South Dakota landscape spoke to Elizabeth as it did to me as she travelled by rail across the

state! We will be connecting with all of you as we plan to celebrate this important event in the self-regulation of the nursing profession in South Dakota in 2017.

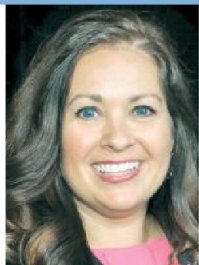
Other important areas of discussion at the planning meeting included the role of unlicensed personnel in the delivery of healthcare in our state, the licensure and practice of advanced practice nurses as it relates to the newly adopted APRN Compact in this country, implementation of the enhanced nurse licensure compact for RNs and LPNs, fitness to practice issues, standards for nursing education programs and the infrastructure of the Board of Nursing.

As we move forward with our journey of planning for the work of the Board over the next three years, we will connect with you through our Dakota Nurse Connection and through the Board of Nursing web-site. We are committed to staying in touch with you. Enjoy the rest of our short South Dakota summer. I will be in touch with you again in the Fall.

Sincerely,

Gloria Damgaard, Executive Director





## A message from the Executive Director

Stacey Pfenning, DNP, APRN, FNP  
North Dakota Board of Nursing



Greetings and welcome to the Summer edition of the *Dakota Nurse Connection*, the official publication of the North Dakota Board of Nursing (NDBON).

In the Spring edition of this newsletter, licensees were provided with an update on the prescription drug monitoring program (PDMP) rule promulgation. The goal of the rule making was to meet the requirements of HB 1149 which passed during the 64<sup>th</sup> legislative assembly, charging the licensing Boards with setting PDMP utilization rules. The NDBON collaborated with ND Board of Medicine, Board of Dental Examiners, Optometry, and Board of Pharmacy. The ND Nurse Anesthetist, ND Nurses, and ND Nurse Practitioner Associations contributed to the nursing PDMP rules, along with the ND Center for Nursing and several nurse prescribers in various settings. The NDBON held 2 open, noticed meetings and 1 open public forum. Testimony was accepted December 21, 2015 through February 4, 2016. In March 2016, the Board reviewed testimony and finally adopted PDMP rules. In May 2016, the PDMP rules were found in compliance with the NDCC chapter 28-32 and approved as to their legality. In September 2016, the NDBON PDMP rules will be considered during the legislative ND Administrative Rules Committee. Once an implementation date is set for the PDMP rules, licensees will receive an email blast and notification will be included on NDBON and ND Center for Nursing websites.

On June 1, 2016, the ND Board of Nursing was represented at the Minnesota Tri-Regulatory Symposium, which included speakers from the National Council of State Boards of Nursing, National Association of Boards of Pharmacy, and Federation of State Medical Boards. The speakers represented the national Tri-Regulator

Collaborative, a formal advocacy partnership created in 2011 with the mission of reviewing and discussing issues of mutual concern related to a common duty to protect patients and improve the quality of healthcare across the United States. To learn more about this collaborative and the position statements developed on interprofessional, team-based patient care and practice location for consumer protection, visit the following link Tri-Regulator Collaborative ([http://www.fsmb.org/Media/Default/PDF/Publications/News%20release%20FSMB%20NABP%20NCSBN%20March%202014\\_FINAL.pdf](http://www.fsmb.org/Media/Default/PDF/Publications/News%20release%20FSMB%20NABP%20NCSBN%20March%202014_FINAL.pdf)).

On June 30, 2016, the ND Board of Nursing said farewell to President Daniel

Rustvang, RN member since September 2008. Dan Rustvang is an Advanced Practice Nurse Practitioner and has given 8 year of service to North Dakota citizens through his commitment on the Board. To read more about President Dan and his Board service, note the Board Member Highlight in this edition of the *Dakota Nurse Connection*. During the July Board meeting, officers will be elected and the Board will welcome one new RN member.

The Board and staff will be in touch this Fall to provide regulatory updates and publications in the next edition of the *Dakota Nurse Connection*.

Sincerely,  
Dr. Stacey Pfenning DNP APRN FNP

NORTH DAKOTA  
STATE UNIVERSITY

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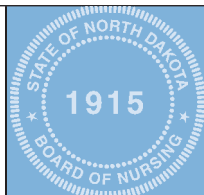
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*Mission*

*The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.*

## North Dakota Board of Nursing Officers and Members

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**VICE PRESIDENT**

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**Wendi Johnston, LPN**, Kathryn

## Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by e-mail.

**BOARD STAFF**

**E-MAIL ADDRESSES**

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Sally Bohmbach, Administrative Assistant	bohmbach@ndbon.org
Kathy Zahn, Administrative Assistant	kzahn@ndbon.org

## NORTH DAKOTA BOARD OF NURSING 2016 BOARD MEETING DATES

July 16, 2015 Annual Meeting

September 9, 2015 Board Retreat  
September 10, 2015 Board Meeting

November 19, 2015

January 27, 2016

March 10, 2016

May 19, 2016

July 21, 2016 Annual Meeting

As a service to the citizens of North Dakota, the Board of Nursing provides a PUBLIC FORUM during each board meeting. This is a time when anyone may address the board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the board meeting. The time of the Public Forum for the 2015-2016 board meetings is 11:00 a.m. the day of the board meeting.

## PROVISION of HIGH QUALITY NURSING CARE

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- \* Violations of NPA
- \* Emerging Issues in Nursing (Social Media & Maintaining Mental Health in Nursing)
- \* Standards of Practice & Code of Ethics

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- \* Current and up-to-date information
- \* CE credits with every presentation

**PRESENTERS:**

Patricia Hill, BSN, RN  
Stacey Pfenning, DNP, APRN,  
Family Nurse Practitioner

Length of Presentation(s): 60 minutes each.

Fee: \$100 per presentation plus mileage.

Contact Hours: One contact hour each, except Standards of Practice and Code of Ethics is 2.3 contact hours. Delegating Effectively is 2 contact hours.

*Approved by the North Dakota Board of Nursing.*

## NURSES *Have you moved recently?*

Update your address on the  
N.D. Board of Nursing  
Web site: [www.ndbon.org](http://www.ndbon.org)  
**Choose Demographic Updates  
under Nurse Licensure**

## NORTH DAKOTA BOARD OF NURSING "CARDLESS" FOR PUBLIC SAFETY Wallet licensure cards are no longer issued for:

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License by Endorsement  
UAP/Technician/Medication Assistant III  
[www.ndbon.org](http://www.ndbon.org)

## LICENSURE VERIFICATION

### North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website – go to [www.ndbon.org](http://www.ndbon.org) and choose "Verify."
- Nursys® Nurses' Verification. For participating states, go to [www.nursys.com](http://www.nursys.com). Choose Licensure QuickConfirm.
- E-notify – database for verification of licensure at [nursysenotify@ncsbn.org](mailto:nursysenotify@ncsbn.org)



## NORTH DAKOTA BOARD HIGHLIGHTS

May 2016

- Dr. Gayle Roux, Dean of the UND College of Nursing and Professional Disciplines addressed the Board regarding the nursing education program survey process. Dr. Roux requested the board consider harmonizing the approval process with accrediting agencies and accept national nursing accreditation in lieu of survey process and board approval. She indicated that CUNEA would provide a representative to assist with this process. The open forum was closed at 11:15.
- Patricia Moulton, Executive Director for the ND Center for Nursing presented highlights of 2016 Education, Supply and Demand Chart book. The full chart book is available on the ND Center for Nursing website and the report was provided to the ND Health Services Legislative Committee. Dr. Moulton also reviewed some of the key outcomes during the first five years.
- The Board approved the following Nursing Education Committee recommendations:
  - Find the compliance report submitted by University of North Dakota Baccalaureate and Graduate Programs' Nurse Administrator addressing the deficiency of partial compliance with 54-03.2-02-03. Nursing Education Program Organizational Design meets the standard; and
  - Find the University of North Dakota Baccalaureate and Graduate Programs' in substantial compliance with ND Administrative Code 54-03.2;
  - Continue Full Approval of the University of North Dakota Baccalaureate and Graduate Nursing Education Programs until November 2020 as granted November 19, 2015 and require an onsite survey in 2020.
- The Board approved the following Nursing Education Committee recommendations:
  - Find the North Dakota State College of Science Nursing Education programs in substantial compliance with ND Administrative Code 54-03.2 Standards for Nursing Education Programs; and
  - Grant full approval of the North Dakota State College of Science Associate Degree Practical Nurse and Associate Degree Nursing Education programs until May 2021, and require an onsite survey in 2021; and
  - Require the North Dakota State College of Science Nurse Administrator to submit a compliance report with the 2015-2016 Nursing Education Annual Report to address the issues of partial compliance with North Dakota Administrative Code 54-03.2 Standards for Nursing Education Programs: 54-03.2-03-01. Administrator Responsibilities.
- The Nursing Education Committee recommended the Board approve the University of Mary request for major programmatic changes for the Family Nurse Practitioner program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the University of Mary request for major programmatic changes for the LPN to BSN program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the University of Mary request for major programmatic changes for the baccalaureate program as the program has Full Approval from the ND Board of Nursing and the Programmatic Changes are in Compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the University of North Dakota request for Major Programmatic Changes for the Baccalaureate Program as the Program has Full Approval from the ND Board of Nursing and the Programmatic Changes are in Compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the Williston State College, Dakota Nursing program request for major programmatic changes for the Associate Degree Nursing program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the Bismarck State College, Dakota Nursing program request for major programmatic changes for the Practical Nursing program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the Dickinson State University request for major programmatic changes for the Associate Degree Practical Nursing program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board approve the Dickinson State University request for major programmatic changes for the baccalaureate program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. Programmatic Changes.
- The Nursing Education Committee recommended the Board:
  - Find the RN Refresher Course offered by Minnesota State

continued on page 8

continued from page 7

- Community and Technical College, Custom Training Services in full compliance with Board guideline requirements for Nurse Refresher Courses as set forth by ND Administrative Code Title 54, Article 54-02 Nurse Licensure, Chapter 54-02-05 Relicensure, Section 54-02-05-05 Non-practicing Nurses; and
- Grant Full Approval of the Minnesota State Community and Technical College, Custom Training Services, RN Refresher Course until May 2020.
  - The Accreditation Commission for Education in Nursing (ACEN) granted initial national five-year accreditation in April 2016 to the Associate Degree Nursing program at Lake Region State College (LRSC) Devils Lake and Mayville locations and to the Associate Degree Nursing program at Bismarck State College (BSC).
  - Dickinson State University (DSU) AASPN Program submitted the following programmatic change notification. The Accreditation Commission for Education in Nursing (ACEN) completed a site visit of the DSU AASPN Program October 5-7, 2015. The program received notification that they were found to be non-compliant with Standard 4 Curriculum, Criteria 4.2 and 4.8:
    - 1) There was lack of evidence that the student learning outcomes are used to evaluate student progress.
    - 2) There was lack of evidence that the length of time and number of credit hours required for program completion are consistent with national guidelines and best practices. It was recommended the program be no more than 40 credit hours and a 1-year certificate rather than associate degree. A follow-up report is required to be submitted to ACEN prior to October 1, 2017 to demonstrate compliance with Standard 4.
  - A letter of concern was issued to The College of St. Scholastica School of Nursing for placing a BSN student in a North Dakota clinical facility without proper notification or submission of required clinical practice documents Spring 2016. The Recognition fee had been paid Fall 2015, and Recognition status granted. Although numerous requests for required documentation were made by BON staff, documents were not submitted until after the Letter of Concern was issued. The program is now in compliance with NDCC and policy for Spring 2016.
  - The Board reviewed the following upcoming survey schedule:
    - Summer 2016: Turtle Mountain Community College on-site survey mid August
    - Fall 2016 Paper/Interim Surveys:
      - University of Mary BSN & DNP Programs. Report due September 23, 2016.
      - Dickinson State University AASPN & BSN Programs. Report due September 15, 2016.
      - United Tribes Technical College AASPN. Report due October 10, 2016.
    - Compliance Reports: Sitting Bull College, AASPN & ND State College of Science, AASPN & ASN Program by September 15, 2016 with Education annual Report.
  - The Board referred the public forum topic regarding the nursing education survey process to directors for research and collection of evidence for consideration by the Board.
  - The Board approved the revisions to the request for Licensee Exempt Data Policy.
  - The Board granted the request of the Board of Pharmacy's Prescription Drug Monitoring Program to allow the creation of a web service. The web service will securely house appropriate database fields of NDBON licensees for the purpose of streamlining the PDMP registration process of the NDBON's licensees.
  - Notification has been received from the Attorney General's Office that the Prescription Drug Monitoring Program rules have been approved to their legality. The rules must be finally adopted by the ND Legislature's Administrative Rules Committee.
  - The Finance Committee recommended to the Board a fee increase for CE Approval effective July 1, 2016 as follows:
    - 1 Contact Hours – \$35
    - 2 Contact Hours – \$75
    - 3-6 Contact Hours – \$110
    - 7-10 Contact Hours- \$145
    - 11-13 Contact Hours- \$195
  - The Finance Committee recommended to the Board a fee increase for nursing education loan application from \$15 to \$25 effective July 1, 2016.
  - The Finance Committee recommended the Board approve the revisions to the Expense Authorization for Board Members Policy.
  - The Finance Committee recommended the Board approve the revisions to the Appointment of External Committee Members Policy.
  - The Finance Committee recommended the Board include the cost of purchasing Notebooks for replacement of the board member laptop computers in the 2016-2017 budget.
  - The Finance Committee recommended the Board designate \$28 of each renewal and endorsement licensure fee to the ND Center for Nursing effective July 1, 2016.
  - The Finance Committee recommended the Board approve the proposed 2016-2017 Budget of \$ 1,426,595 projected income and \$ 1,435,480 projected expenses, which includes \$81,000 projected for nursing education loans and \$249,200 projected for ND Center for Nursing.



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# NDBON Nursing Education Annual Report

## Fiscal Year 2014-2015

### EXECUTIVE SUMMARY

#### Nursing Education Programs in North Dakota:

In fiscal year (FY) 2014-2015, fourteen colleges and universities in North Dakota had a total of twenty-three nursing education programs that held approval from the North Dakota Board of Nursing (NDBON). This number reflects inclusion of a consortium\* of four colleges, each offering a practical nurse program and registered nurse program for a total of eight of the twenty-three programs in the state. There were three graduate level nursing education programs designed to educate for advanced practice registered nursing (APRN) licensure. There were six approved baccalaureate nursing education programs and five associate degree nursing education programs designed to prepare individuals for RN licensure. Additionally, there were five approved associate degree programs and four certificate programs providing educational preparation for PN licensure. Concordia College located in Moorhead, Minnesota, also holds NDBON approval. Many of the programs in the state also offer outreach sites in various urban and rural communities to enhance access to their programs.

\*Dakota Nursing Program (DNP) consortium includes the PN and RN programs at Williston State College (WSC), Bismarck State College (BSC), Lake Regions State College (LRSC) and Dakota College at Bottineau (DCB).

#### Innovative Nursing Education Model/ Approach:

In March 2015 the Dakota Nursing Program Consortium (DNP) was the first to have a program submit an application and receive approval from the NDBON for an Innovative Nursing Education Model/ Approach. Lake Region State College (LRSC) proposed development of a Paramedic to Nurse Bridge Program to provide certified/ licensed paramedics the option of obtaining their associate degree preparing them for RN licensure. The program was based on successful models from other states and the intent of the program was to help ease the nursing shortage by encouraging cross over from paramedic to

nurse. The program began accepting students into the first cohort May 1, 2015 with a planned completion date of May 2016.

#### Board of Nursing Program Approval and Accreditation:

##### Accreditation:

Six NDBON approved North Dakota programs and one Minnesota program were nationally accredited by the Commission on Collegiate Nursing Education (CCNE) and six North Dakota programs held national accreditation through Accreditation Commission for Education in Nursing (ACEN).

##### Program Approvals:

The ND Board of Nursing conducted one onsite and one paper/interim survey. The Board granted approval to the following programs:

1. **Concordia College (BAN), Moorhead, MN (paper/interim survey)**
  - Granted full approval of the Concordia College Bachelor of Arts Nursing program until January 2020.
2. **University of Jamestown (BSN) (on-site survey)**
  - Granted full approval of the Bachelor of Science in Nursing program until November 2019.

#### Board of Nursing Approved Major Programmatic Change Requests:

The ND Board of Nursing approved requests

for programmatic changes throughout the fiscal year. For detailed information regarding approved programmatic changes for FY 2014-2015 please see the full NDBON Nursing Education Annual Report at: <https://www.ndbon.org/Education/AnnualRpt.asp>

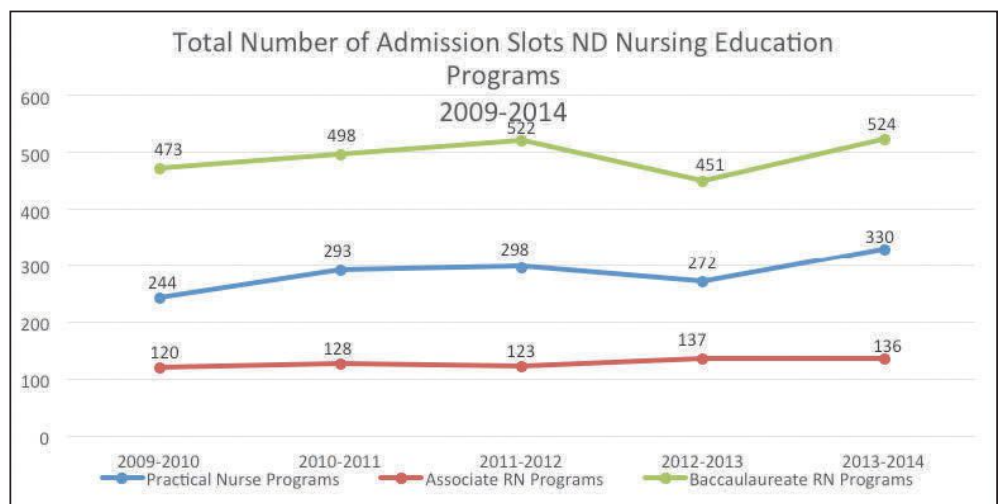
#### Admissions:

Baccalaureate programs reported a total of 576 slots for admission, which is 52 more than reported in FY 2013-14. Admissions to baccalaureate nursing programs designed as preparation for RN licensure totaled 587, which was 47 more than last year. The five associate degree nursing (ADN) programs for RN licensure, which are structured via the ladder concept, reported 128 slots, which is 8 less than reported in FY 2013-14. In total, admissions to educational programs which qualify graduates for RN licensure was 709, which is an increase of 46 students.

The Associate in Science Practical Nursing (ASPN), Associate in Applied Science in Practical Nursing (AASPN) and Certificate Practical Nurse programs reported 291 available admission slots, 25 more than last FY. The total number of applicants admitted (n=223) represents a decrease of 43 from last fiscal year.

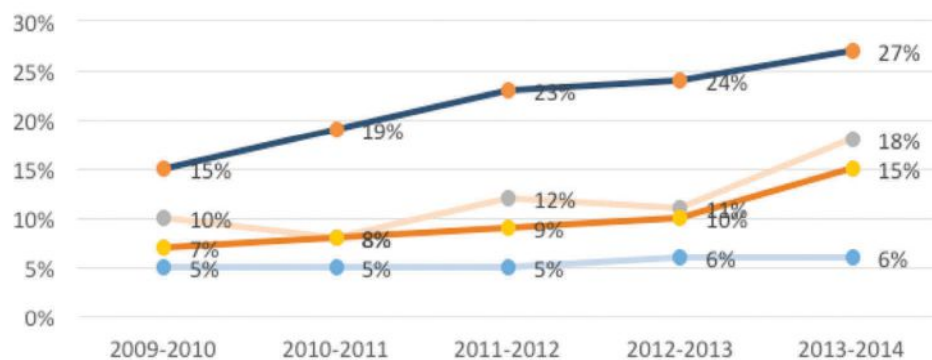
#### Enrollment:

FY 2014-15 marked a grand total enrollment in all programs of 2,279 which is 239 students more than FY 2013-14. Enrollment





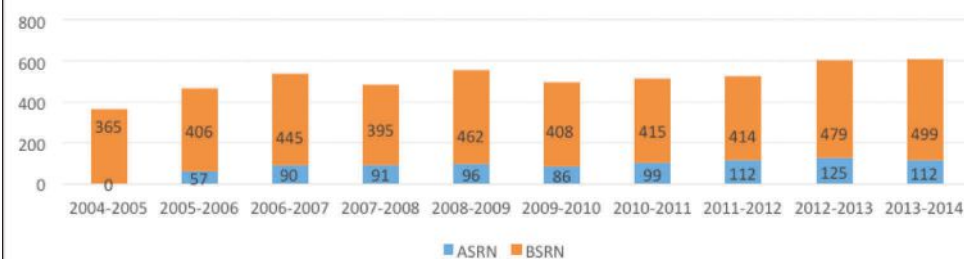
### Percentage Enrolled Students Male and Minority 2009-2014



### LPN Graduate Trend 2004-2014



### RN Graduate Trend 2004-2014



trends from 2010-2014 reflect increases each year with the exception of FY 2012-13, which demonstrated a substantial decrease (19%).

Nursing education programs had a total of 990 admission slots during the 2013-2014 academic year for all Practical Nurse and Registered Nurse programs. This was an increase from 837 slots in 2009-2010 (NDBON Annual Education Reports 2000-2014).

FY 2014-15 enrollments increased from the previous FY by nearly 11.7%. Practical nurse (PN) program enrollment decreased by 6 students. The nursing programs for RN licensure saw an enrollment increase of 217 students in FY 2014-15. The enrollment numbers in pre-licensure master's degree programs increased from 275 in

FY 2013-14 to 303 in FY 2014-15. There were 101 doctorate of nursing practice students enrolled in North Dakota programs, which is 45 students more than last year. This increase in numbers is reflective of one of the graduate programs expanding to the DNP level as of May 2014.

Similar to the past fiscal years, non-minority females comprised the majority of students enrolled in all types of nursing programs. There were 13 minority students reported in PN programs, thereby making up 17.5% of the students. There were 6 minority students enrolled in ADN programs, comprising 6% of the students. The 152 minority students in baccalaureate programs accounted for 10% of the enrollees, down 1% from last FY. The 39 minority students in the graduate programs represented 13% of the student population.

Male students (n=15) constituted 4% of the students enrolled in PN programs. The ADN programs had 2 males enrolled, which represented only 2% of the students. Baccalaureate program enrollment of males (n=181) comprised 12% of the student population. Male student numbers (n = 48) in graduate-level programs reflected 16% of the total graduate program enrollment.

LPN programs have the greatest percentage of enrolled minority students and RN programs have the greatest percentage of male students. The percentage of minority students has increased over the last five years. (NDBON Nursing Education Annual Report 2009-2014)

### Graduates:

The only certificate PN programs currently, are offered through a consortium of four academic institutions, which graduated a collective total of 97, which reflected 4 more graduates than the previous year.

A total of 106 ADN students graduated, thus

continued on page 12

## Trinity Nursing: A Leading Force for Change!

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continued from page 11

qualifying for RN license by examination. An additional 471 individuals graduated from baccalaureate programs, creating a combined 577 graduates from all programs preparing for RN licensure.

The most prominent age group represented in all the undergraduate programs consisted of those aged 24 and below (56%). The basic baccalaureate programs provided the largest numbers of graduates in the age 24 and below group (73%), in contrast to the age 41 and above group (2%). Within the PN graduate group (n=173), the 24 and below age group was calculated at 48% and the 25-30 age group was at 32%. Age trends are not reported for graduates of the master's or doctoral level programs.

Master's program graduate data decreased from 103 in FY 2013-14 to 97 in FY 2014-15. The doctorate of nursing practice programs increased graduates by 27 as compared to the previous year due to the expansion of a second graduate program to the DNP level in 2014.

### NCLEX® Examination Pass Rates for First-Time Candidates:

The overall FY 2014-15 North Dakota NCLEX-PN® pass rates were 94.08%, which is a decrease of 1.16% from last fiscal year. The ND pass rates were 9.81% higher than the national average. The overall FY 2014-15 North Dakota NCLEX-RN® pass rates were 92.26%, which is an increase of 3.85% from last fiscal year. The ND pass rates were 9.73% higher than the national average.

### Faculty:

In FY 2014-15, the state's nursing education programs employed 160 full-time and 219 part-time faculty with a total calculated FTE of 210.38. In FY 2013-14, total FTE's equaled 213.42. Of the FY 2014-15 totals, the following figures represent the highest level of academic preparation:

- 33.69 FTE's are prepared at the bachelor in nursing level (50.51 FTE's in FY 2013-14)
- 113.64 FTE's are prepared at the master's in nursing level (103.53 FTE's in FY 2013-14)
- 2.50 FTE's are prepared at the non-nursing master's level (1.00 FTE's in FY 2013-14)
- 39.58 FTE's are prepared at the doctorate in nursing level (35.48 FTE's in FY 2013-14)
- 20.97 FTE's are prepared at the non-nursing doctoral level (23.9 FTE's in FY 2013-14)

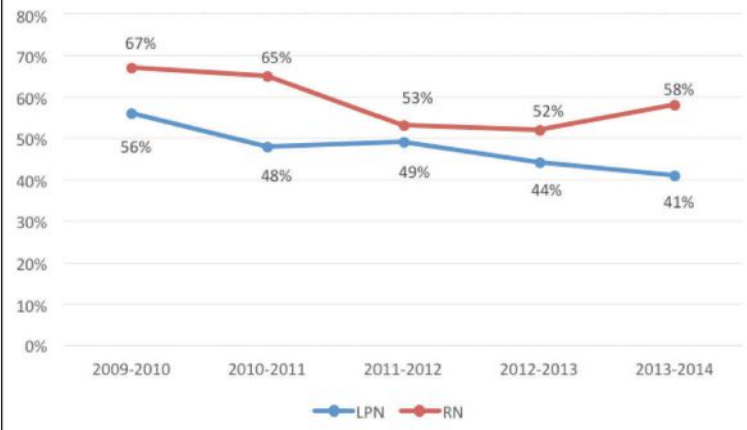
Faculty position openings, reported as the total of all ND Nursing Education Programs as of December 2015, are listed as follows:

- Number of openings = 17 (was 17.33 December 2014)
- Total vacancies being actively recruited as of December 2015 = 4.00

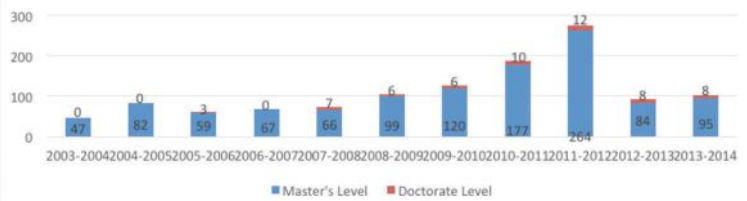
The number of faculty position openings has varied greatly over the last ten years from a low of 6 to 32 faculty position vacancies. In 2014, five of these openings were for Doctorate-prepared faculty, 13 for Master's prepared faculty and 2 for Bachelor's prepared faculty (NDBON Annual Education Reports 2004-2014)

Nursing education programs continue to be highly committed to the advancement of their faculty within their respective graduate programs, in an effort to increase the percentage of academically qualified faculty. The **Faculty Developmental Program** (NDAC 54-03.2-04-08.1) provides the ND Board of Nursing with an ongoing mechanism for tracking the progress of faculty individuals. The following information

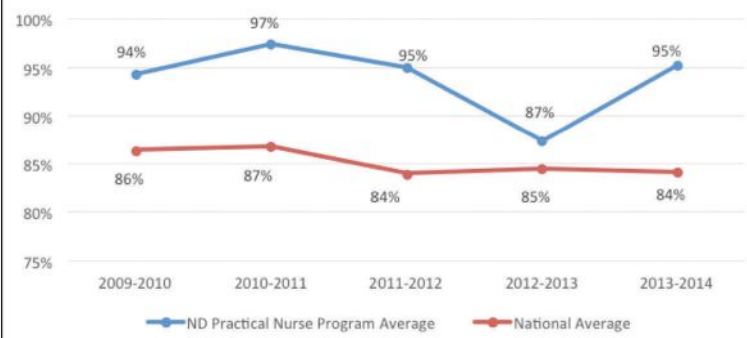
Percentage of Graduates Below 25 Years of Age



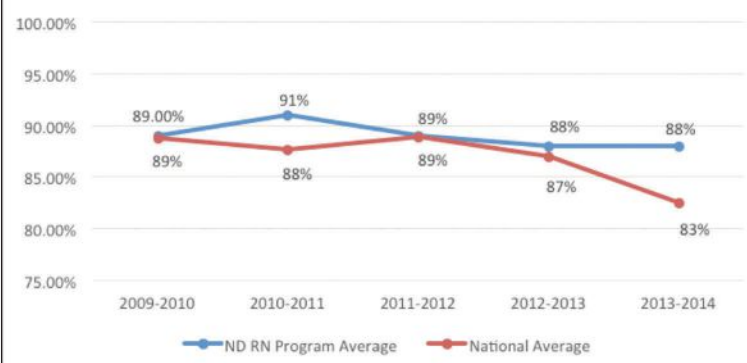
Masters and Doctorate Level Graduation Trends 2003-2014



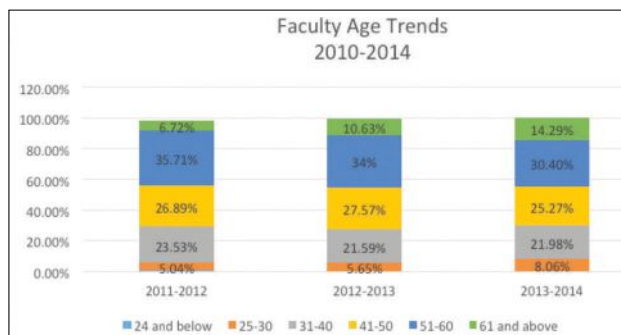
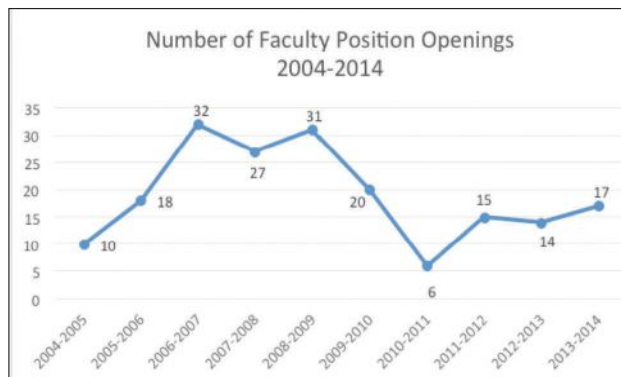
NCLEX-PN Average Program Pass Rates 2009-2014



NCLEX-RN Average Program Pass Rates 2009-2014







- FY 2014-15 = 7.25 FTE
- FY 2013-14 = 17.52
- FY 2010-11 = 26.4 FTE
- FY 2009-10 = 19 FTE

Faculty demographic data was initiated FY 2010-11. The FY 2014-15 data indicated 262 female and 15 male faculty serving the state's nursing education programs. Data on age range of faculty were also collected. The 41-50 age range accounted for the highest percent (28%) of nursing faculty. The 61 and above age range accounted for 16%; 51-60 age range accounted for 26%; 31-40 accounted for 21%; 25-30 accounted for 8%, and the 24 and below accounted for 0.3% of faculty. Nursing programs reported faculty in North Dakota as almost exclusively Caucasian (95%), with 4% faculty reported as Native American.

Over the last three years, there has been an increase in the percentage of faculty between 25-30 and age 61 years and above (NDBON Annual Nursing Education Reports 2011-2014)

## Distance Nursing Education Program Recognition

The ND Board of Nursing continues to collaborate with pre-licensure distance nursing education programs seeking to place students in ND facilities for clinical experiences. In FY 2014-15, the board recognized 26 distance programs with a total of 694 placements of students in clinical settings in ND throughout the academic year. The distance nursing education students from PN programs represented 46.5% of student placements in ND facilities. The ADN/ASN programs accounted for 34.6% of the student placements. In Fall 2014, there were 313 distance education student placements in ND facilities. In Spring 2015, there were 222 student placements in ND. In Summer 2015, there were 159 student placements in ND facilities. The ND facilities included various clinic, hospital, and long term care settings in Bismarck, Fargo, Minot, Valley City, Harvey, Grand Forks, Langdon and many other rural areas.

Summary compiled by:  
Tammy Buchholz, MSN, RN, CNE  
Associate Director for Education

reported by the programs is reflective of the progress of faculty in the development program.

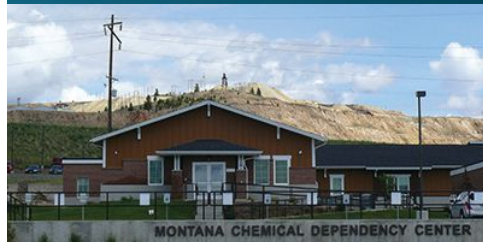
- Total faculty FTE's filled by academically unqualified individuals:

## Montana Chemical Dependency Center

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## NDNPA

### 2016 ANNUAL MEETING

5:30 p.m., September 28, 2016  
Ramada Plaza & Suites, Fargo, ND

Featuring Dr. Susan Mathison

Cocktails, hors d'oeuvres, speakers and a vendor showcase.

## NDNPA

### Registration Now Open

8<sup>th</sup> Annual Pharmacology Conference  
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Featuring national speakers, Wendy Wright and Barbara Dehn, as well as several esteemed local speakers



Daniel Rustvang  
APRN FNP

## Board Member Highlight President Daniel Rustvang APRN FNP

The ND Board of Nursing said farewell to President Daniel Rustvang, RN Board Member since 2008. Rustvang represented the ND Board of Nursing locally and nationally during his two consecutive terms of service. He participated in ND Board of

Nursing legislative initiatives and served as a ND delegate of National Council of State Boards of Nursing. Upon completion of his ND Board of Nursing service, Rustvang stated:

*"Serving on the North Dakota Board of Nursing has been an incredible experience for me. I have loved being a nurse in the USAF & nurse practitioner working in North Dakota. I am proud to have served with a group of professionals charged with oversight of safe nursing practice in our state. It has been an enriching opportunity. The NDBON Board/Staff and many people I have met through*

*these eight years have left me with wonderful career memories I shall treasure the rest of my life. Thank you."*



Dr. Constance Kalanek, Lieutenant Governor Drew Wrigley, Daniel Rustvang (2015)

Emergency Department  
5th Floor Telemetry  
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General Surgical  
Med/Surg/Ortho  
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Float Pool  
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NICU  
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Renal Dialysis  
Surgery  
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Clinic Office Nurses  
Nurse Practitioners



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## Nurse Practitioners and Advocates Honored at National AANP Conference

June 2016. Nurse practitioners and nurse practitioner advocates, recipients of the prestigious American Association of Nurse Practitioners (AANP) 2016 State Award for Excellence, were honored at an awards ceremony and reception during the AANP 2016 National Conference June 21-26, 2016, in San Antonio, TX. Constance B Kalanek PhD, RN, FRE and Melissa Horner DNP, APRN, FNP, both of Bismarck, ND were among the recipients honored.

The State Award for Nurse Practitioner Excellence, founded in 1991, recognizes a nurse practitioner (NP) in a state who demonstrates excellence in practice. In 1993, the State Award for Nurse Practitioner Advocate was added to recognize the efforts of individuals who have made a significant contribution toward increasing awareness and acceptance of NPs.

Dr. Constance Kalanek has been a longtime advocate for advanced practice nurses in North Dakota. Most recently she has supported the independent practice for nurse practitioners by working with the legislature and many nurse organizations to eliminate the collaborative practice agreement for prescriptive authority. Along with two nurse practitioner colleagues, she has published two articles that outline the strategies utilized to be successful in a state. Kalanek retired from the North Dakota Board of Nursing in 2015 as the Executive Director.

Dr. Melissa Horner, a Family Nurse Practitioner, currently practices at Sanford Health, Bismarck in Psychiatry and has 11 years of experience in psychiatric/mental health, 3 years in internal medicine, and 1 year in family practice. Since 2008, Horner has been an instructor at the University of Mary FNP program. She achieved her Doctorate of Nursing Practice degree April of 2016 and will be presenting her doctorate work at Sigma Theta Tau Conference, Indianapolis, in September 2016.



*Dr. Constance Kalanek PhD  
RN FRE*



*Dr. Melissa Horner DNP APRN  
FNP*

of more than 205,000 NPs, including approximately 65,000 members and 200 organizations, providing a unified networking platform and advocating for their role as providers of high-quality, cost-effective, comprehensive, patient-centered and personalized health care. The organization provides legislative leadership at the local, state and national levels, advancing health policy; promoting excellence in practice, education and research; and establishing

standards that best serve NP patients and other health care consumers.

For more information, visit [aanp.org](http://aanp.org). To locate a nurse practitioner in your area, visit [npfinder.com](http://npfinder.com).

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NCSBN

National Council of State Boards of Nursing

## NCSBN and The National Forum Publish the 2015 National Nursing Workforce Survey

Chicago - The National Council of State Boards of Nursing (NCSBN) and The National Forum of State Nursing Workforce Centers (The National Forum) announce the publication of the 2015 National Nursing Workforce Survey, a new study that provides a comprehensive snapshot of the U.S. registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) workforce in 2015.

Every two years, NCSBN partners with The National Forum to conduct the only national-level survey specifically focused on the U.S. nursing workforce. The study generates information on the supply of nurses in the country, which is critical to planning for sufficient numbers of nurses and ensuring a safe, diverse, accessible and effective health care system.

Study data were collected between June 2015 and September 2015. Approximately 79,000 nurses participated in the study, with representation from all 50 states, the District of Columbia and four U.S. territories (American Samoa, Guam, the Northern Mariana Islands and Virgin Islands).

In addition to offering a description of the current nursing workforce, the data obtained from this study allow for an examination of trends as compared to the previous survey conducted in 2013, as well as past studies conducted by the Health Resources and

Services Administration (HRSA). It also serves as a baseline for future research.

A trend that emerged from the study is that the nursing population is changing in both ethnic/racial and gender makeup. The number of male RNs is growing slightly with a higher proportion of male nurses in the more recently licensed cohorts (12.7 percent) as opposed to those licensed prior to 2000 (4.7 percent). Additionally, the nursing workforce is becoming more ethnically diverse as ethnic minorities are better represented in younger age-groups and in more recently licensed RNs than in older RNs and RNs licensed prior to 2000. Similarly, newly licensed LPN/VNs were more likely to have a more diverse racial/ethnic composition.

Reflecting transformations in the health care environment, the study found that what is considered the “work setting” for both RNs and LPN/VNs has evolved, as patient care is no longer confined within the walls of a health care facility, owing in part to the growing use and acceptance of technology. Nearly half of RNs and LPN/VNs in the study reported having provided nurse services using telehealth technologies.

Each board of nursing and state nursing workforce center will be provided with their own state data from the study that

they can use for their own analyses as well as national-level data that they can use as a comparison benchmark.

The article, “The 2015 National Nursing Workforce Survey,” is available as a supplement to the April 2016 issue of the Journal of Nursing Regulation (JNR) and can be purchased here.

### About The National Forum

The National Forum of State Nursing Workforce Centers is a national group of nurse workforce entities that focus on addressing the nursing shortage within each state and contributes to the national effort to assure an adequate supply of qualified nurses to meet the health needs of the U.S. population. The Forum supports the advancement of new as well as existing nurse workforce initiatives and shares best practices in nursing workforce research, workforce planning, workforce development and formulation of workforce policy. The Forum shares information in three major ways: through publications, via annual conferences, and by way of a virtual network.

*Published by National Councils of State Boards of Nursing.  
Available at <https://www.ncsbn.org/9487.htm>*





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### MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with SDCL 36-9 and SDCL 36-9A.

### South Dakota Board of Nursing Officers and Members

**Kristin Possehl**

President, RN Member, Brookings

**Nancy Nelson**

Vice-President, RN Member, Sturgis

**Mary Schmidt**

Secretary, LPN Member, Sioux Falls

**Robin Peterson-Lund**

APRN Member, Sioux Falls

**June Larson**

RN Member, Vermillion

**Rebekah Craddock**

Public Member, Sioux Falls

**Sharon Neuhaarh**

LPN Member, Burke

**Betty Oldenkamp**

Public Member, Sioux Falls

**Deborah Letcher**

RN Member, Sioux Falls

**Darlene Bergeleen**

RN Member, Wessington Springs

### South Dakota Board of Nursing Scheduled Meetings

**Location:** 4305 S. Louise Ave., Suite 201; Sioux Falls, SD

**Time:** 9:00AM

**Dates:**

- September 8-9, 2016
- November 17-18, 2016

**Joint Boards of Nursing and Medical and Osteopathic Examiners Scheduled Meeting:**

- September 8, 2016  
9:00 AM

**Location TBA**

Agendas posted 24 hours prior to meetings on Board's website.

All licensure forms, the Nurse Practice Act and contact information are available on the South Dakota Board of Nursing Website at [www.sdnursing.gov](http://www.sdnursing.gov)

## Board Staff Directory

**Gloria Damgaard, MS, RN, FRE**, Executive Director  
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**Erin Matthies**, Licensure Operations Manager  
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**Jill Vanderbush**, Program Assistant  
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**Abbey Bruner**, Senior Secretary  
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Abbey.Bruner@state.sd.us  
(605) 362-2760

### DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	License Number	April 2016 Board Action
Cates, Sierra L	P011710	• Voluntary Surrender
Daniels, Rikki L	SC45559	• Summary Suspension of SD Privilege to Practice (PTP)
Eddings, Mollie C	R043302	• Voluntary Surrender
Hardiman Davis, Ayana C	P011724	• Suspension
Jackson, Jamie J	Z260300	• Deny Licensure
Miller, Lori L	P008365	• Letter of Reprimand
Nemec, Erin C	R042452	• Summary Suspension
Thomas, Heather J	R035409	• Continuation of Summary Suspension
Trumm, Patricia L	R040665	• Summary Suspension
Warnke, Lacey J	R040614	• Suspension

Name	License Number	June 2016 Board Action
Daniels, Rikki L	SC45559	• Summary Suspension dismissed and PTP Reinstated
Jackson, Jamie J	Z260300	• Uphold Order Denying Licensure
Mitchell, Marnie G	P008923	• Summary Suspension
Nemec, Erin C	R042452	• Continuation of Summary Suspension
Russell, Ashly L	P012093	• Letter of Reprimand
Skinner, Gina L	R037936	• Voluntary Surrender
Trumm, Patricia L	R040665	• Voluntary Surrender

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<http://doh.sd.gov/boards/nursing/verificationlink.aspx>

**SOUTH DAKOTA**  
Center for Nursing Workforce

Online access to workforce reports,  
education opportunities:  
<http://doh.sd.gov/boards/nursing/sdcenter.aspx>



## South Dakota Board of Nursing Meeting Highlights

### April and June 2016

#### Board Meetings:

Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as necessary to transact its business. The South Dakota Board of Nursing generally meets five times a year. Meetings are open to the public; however, SDCL 1-25-2 allows a public body to close a meeting for discussing employee or legal matters. Individuals interested in attending should check the Board's website for more information and agendas. Information is posted 24 hours prior to the meeting at: <http://doh.sd.gov/boards/nursing/>. Minutes following a Board meeting are posted on the Board's website within 10 days of the meeting.

#### Education:

- The South Dakota Board of Nursing granted a motion to continue Interim Status for the baccalaureate program at National American University.

#### Practice:

- The South Dakota Board of Nursing met on April 22<sup>nd</sup>, 2016 and considered a request to revise their advisory opinion on sexual assault nurse examiner (SANE) training. The Board was provided current, relevant literature on the topic including recommendations from the International Association of Forensic Nurses (IAFN). Upon careful consideration the Board unanimously approved the following advisory opinion to guide nurses on safely performing additional sexual assault examination tasks and collection of forensic evidence. Also found at: <http://doh.sd.gov/boards/nursing/title-opinion.aspx>.

#### Sexual Assault Nurse Examiner Training

The South Dakota Board of Nursing affirms that it is

within the scope of practice of a registered nurse to use a vaginal speculum, collect genital and anal specimens, and obtain photo documentation by colposcope provided the nurse:

- Completes sexual assault nurse examiner (SANE) education and training consistent with the International Association of Forensic Nurses' (IAFN) guidelines and practice standards,
- Completes supervised clinical practice under the direct observation of a practitioner/trainer qualified to perform the procedures,
- Demonstrates competency through the performance of the procedures under the direct observation of the practitioner/trainer for each procedure,
- Follows agency policy and credentialing requirements, and
- Demonstrates continued competence to perform the procedures.

The Board of Nursing rendered this opinion upon submission of a written request. Although advisory opinions are not judicially reviewable and do not have the force and effect of law, they do serve as a guideline for nurses who wish to engage in safe nursing practices. The South Dakota Board of Nursing adopted this advisory opinion at its November – December 2000 meeting and revised at their April 2016 Board meeting.

#### References:

Campbell, R., Patterson, D., & Lichty, L. F. (2005). The effectiveness of Sexual Assault Nurse Examiner (SANE) programs. *Trauma, Violence, & Abuse*, 6, 313-329.

International Association of Forensic Nurses (2015). Sexual Assault Nurse Examiner (SANE) Education Guidelines. Retrieved from [http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015\\_SANE\\_ED\\_GUIDELINES.pdf](http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015_SANE_ED_GUIDELINES.pdf)

South Dakota Legislature (2016). Codified Law 36-9-3 and Administrative Rule 20:48:04. Retrieved April 1, 2016 from <http://legis.sd.gov/>

U.S. Department of Justice Office on Violence Against Women (2013). A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents (2<sup>nd</sup> Ed.) Retrieved from <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

U.S. Department of Justice Office on Violence Against Women (2006). National Training Standards for Sexual Assault Forensic Examiners. Retrieved from <https://www.ncjrs.gov/pdffiles1/ovw/213827.pdf>

- The Board met on June 9, 2016 and considered a request for an advisory opinion on the performance of limited diagnostic ultrasound by registered nurses. The Board was provided current, relevant literature on the topic including recommendations from the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Upon careful consideration the Board unanimously approved the following advisory opinion; also found at: <http://doh.sd.gov/boards/nursing/title-opinion.aspx>.

continued on page 20

continued from page 19

### Performance of Limited Diagnostic Ultrasound by RNs

The South Dakota Board of Nursing affirms that it is within the scope of practice of a registered nurse, pursuant to SDCL 36-9-3 and ARSD 20:48:04, to perform limited diagnostic ultrasound according to the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) clinical competencies and education guidelines.

An appropriately prepared registered nurse may perform a limited diagnostic ultrasound provided the nurse:

1. Completes education and supervised clinical practice under the direct observation of a qualified practitioner/trainer consistent with national

- guidelines, such as those established by AWHONN;
2. Demonstrates clinical competence under the direct observation of the qualified practitioner/trainer; education and clinical competence should be documented initially and on an ongoing basis;
3. Practices according to accepted standards of practice, such as those established by AWHONN, has a medical order for the procedure, and follows agency policy and credentialing requirements;
4. Has the ability to assess and intervene based upon medical orders or institutional protocols in the event of

- complications; and
5. Does not make medical diagnoses based on the ultrasound examination.

The Board of Nursing rendered this opinion upon submission of a written request. Although advisory opinions are not judicially reviewable and do not have the force and effect of law, they do serve as a guideline for nurses who wish to engage in safe nursing practices. The South Dakota Board of Nursing adopted this advisory opinion at its June 2016 meeting.

### References:

American Institute of Ultrasound Medicine (2012). Focused reproductive endocrinology and infertility scan. AIUM Practice Guidelines. Retrieved May 18, 2016, from <http://www.aium.org/resources/guidelines/reproductiveEndo.pdf>

American Registry for Diagnostic Medical Sonography (ARDMS). Obstetrics and Gynecology (OB/GYN): OB Content Outline. Retrieved June 3, 2016 from <http://www.ardms.org/get-certified/RDMS/Pages/Obstetrics-Gynecology.aspx>

American Society for Reproductive Medicine (2009). Nurses performing ultrasound examinations in a gynecology/infertility setting (Practice Committee Position Statement). Retrieved May 18, 2016, from <http://www.reproductivefacts.org/Templates/SearchResults.aspx?q=nurses%20performing%20ultrasound%20examinations>

Arizona Board of Nursing (2014). Advisory Opinion, Ultrasounds: Limited

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Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) (2014). *Ultrasound Examinations Performed by Nurses in Obstetric, Gynecologic, and Reproductive Medicine Settings: Clinical Competencies and Education Guide*: 4<sup>th</sup> Ed.

Carr, S.C. (2011).

Ultrasound for nurses in reproductive medicine.

*Journal of Obstetric, Gynecologic & Neonatal Nursing*. Vol. 40 (5), 638-653.

- Approval of a physician collaborative agreement is required for nurse practitioners

and nurse midwives to practice overlapping scope of medicine. Online verification of collaborative agreement status is available at: <http://doh.sd.gov/boards/nursing/verificationlink.aspx>.

- Nurses may only delegate medication administration, insulin administration, and dialysis care tasks to individuals registered with the South Dakota Board of Nursing as an Unlicensed Medication Aide (UMA), Diabetes Aide (UDA), or Dialysis Technician (UDT).

#### Licensure:

- *Verification of Employment*: RNs and LPNs are required to attest to the hours worked during a renewal period. The Board does conduct random audits of licensees, if you are selected you will be required to submit

a completed employment verification form to the Board office.

- All nurses have the option to self-enroll their license in **Nursys e-Notify**. This is a free service and once enrolled, e-Notify will automatically send license expiration reminders and status updates to licensees or employers. <https://www.nursys.com/EN/ENDefault.aspx>
- *Nurse License and UAP Registration Verification*: Licensure status for all nursing professions and the registration status for Certified Nurse Aides, Medication Aides, Dialysis Technicians, and Diabetes Aides, can be verified online at: [www.nursing.sd.gov](http://www.nursing.sd.gov), select Online Verification. The verification report generated is considered primary source verification.

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## South Dakota 2015 Annual Report of Nursing Education Programs

*By Stephanie Orth, RN, MS, Nursing Education Specialist*

The 2015 South Dakota Annual Report of Nursing Education Programs was reviewed and approved by the South Dakota Board of Nursing at

their April 2016 Board meeting. This report provides a statistical assessment of South Dakota's nursing education programs and their compliance with standards outlined in South Dakota's Nurse Practice Act, ARSD 20:48:07. Comprehensive data and analysis, nursing program information, and historical records of all actions

adopted by the South Dakota Board of Nursing over the years are included in the full report. This article provides highlights of some of the information contained within the full report. Access the full report on the South Dakota Center for Nursing Workforce's website under Reports & Publications: <http://doh.sd.gov/boards/nursing/sdcenter.aspx>.

Each nursing education program in the state is required to provide their data annually to the Board on enrolled nursing students, graduates, curriculum, and faculty. The most current information on the approval status of a nursing education program located in the state can be found on the Board's website: <https://doh.sd.gov/boards/nursing/education.aspx>.

### Capacity

Capacity was defined as the number of seats available for newly admitted students during the reporting period. South Dakota baccalaureate and associate degree RN programs received 1,122 qualified student applications in 2015, with 883 nursing students accepted and enrolled. Practical nursing programs received 348 qualified applications; 239 students were accepted and enrolled.

### Enrollment

Enrollment is defined as the number of undergraduate RN and LPN pre-licensure students who were accepted into the nursing major and were enrolled in nursing courses, Figures 1 and 2. Enrollment numbers were reported as of the institution's official fall reporting date. Public nursing schools used the date of the fall

Figure 1. Total Student Enrollment by Program Type

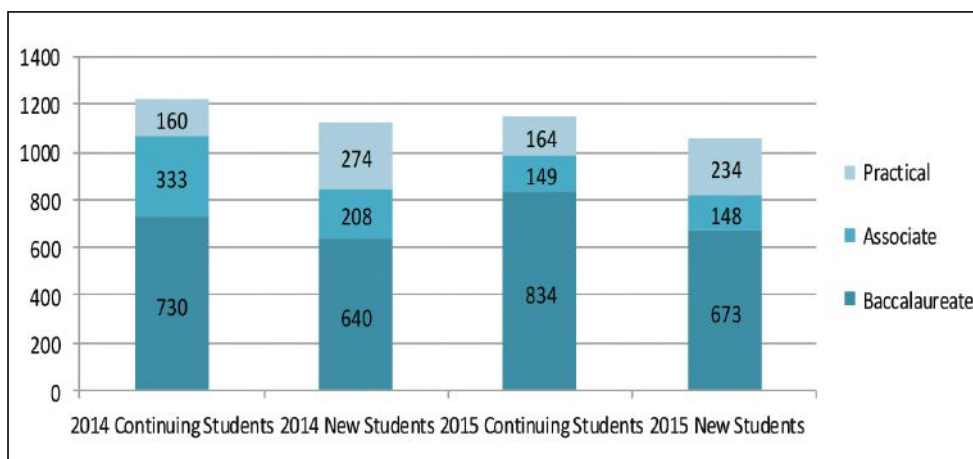
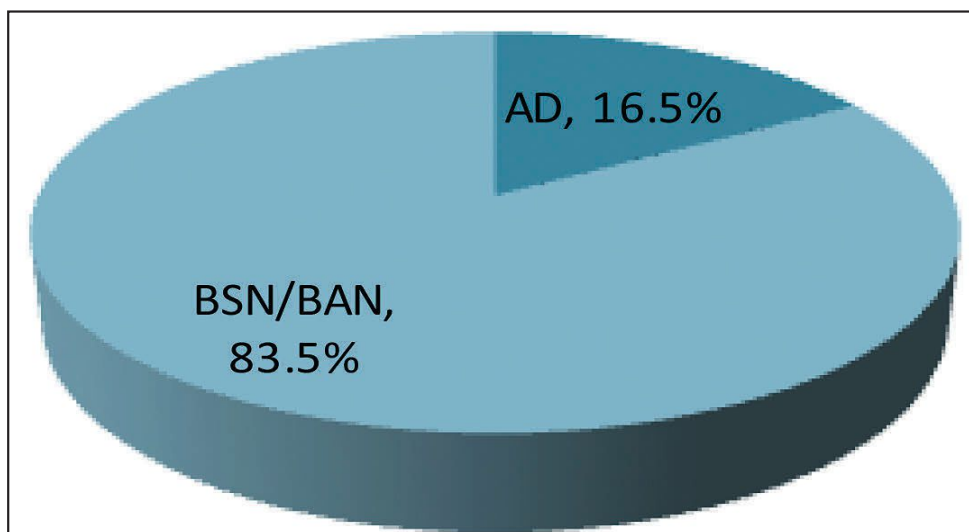
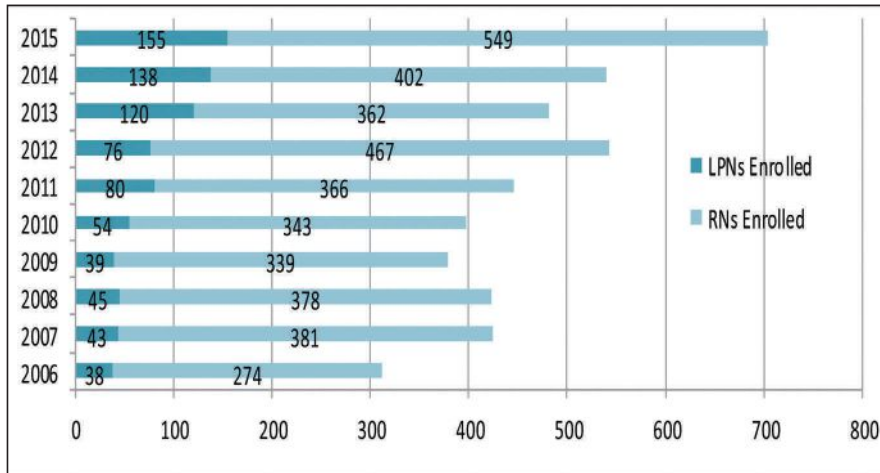


Figure 2. Percentage of RN Enrollment by Program Type – 2015

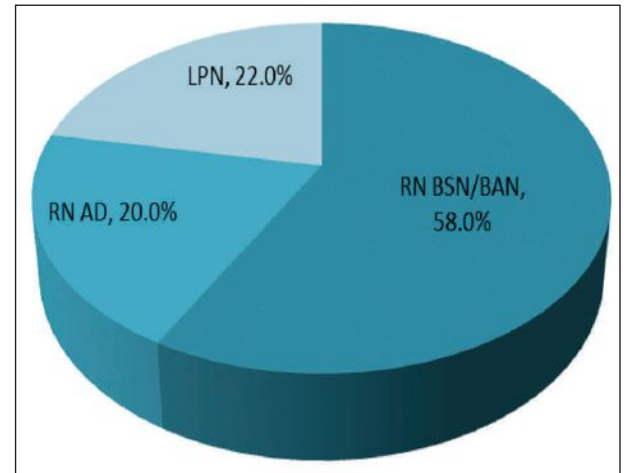




**Figure 3. LPNs and RNs Enrolled in RN Baccalaureate Upward Mobility Programs: 2006-2015**



**Figure 4. Percentage of Graduates Produced in 2015**



census data extract and private schools used the IPEDS (integrated post-secondary education data system) reporting date of October 15. Total new and continuing student enrollment in South Dakota's baccalaureate nursing education programs increased in 2015. Total student enrollment for associate nursing education programs decreased significantly. In addition, enrollment in practical nursing programs decreased slightly. In 2014 there was a total of 1,122 new practical, associate, and baccalaureate students and 1,223 continuing students for a total of 2,345; compared to 1,055

new practical, associate, and baccalaureate students and 1,147 continuing students in 2015, a total of 2,202 students.

### Nursing Upward Mobility Enrollment

A total of 704 RNs and LPNs were enrolled in upward mobility baccalaureate nursing programs in 2015, compared to 540 in 2014; an increase of almost 30% from 2014, Figure 3. This increase may be due in part to the recommendation by the Institute of Medicine's (IOM) report on *The Future of Nursing: Leading Change, Advancing Health*. The report recommends that

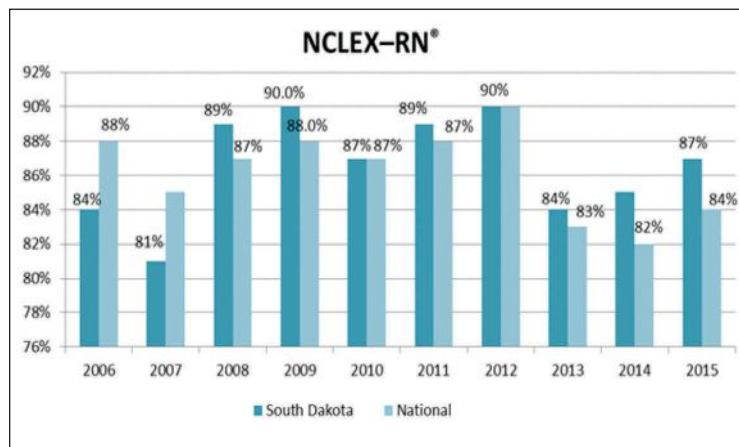
80% of registered nurses hold a baccalaureate or higher nursing degree by 2020 (IOM, 2010).

### Characteristics of Student Population

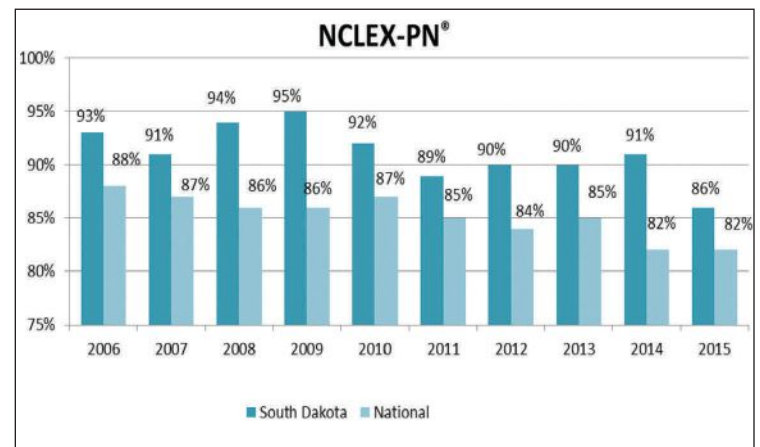
Consistent with previous years, the majority, over 89%, of RN and LPN students in 2015 were female. Males comprised nearly 11% of the population (RN upward mobility students were not included). The ethnicity of enrolled students in 2015 remained predominately white, 86.1%. 13.9% of remaining students were of another ethnicity

continued on page 24

**Figure 5.**



**Figure 6.**



continued from page 23

or unknown; Native American (3.3%), Black / African American (1.8%), Asian (1.4%), Hispanic (1.5%).

### Graduates

In 2015, baccalaureate nursing education programs had 522 graduates, a 7.1% increase from 2014. Associate degree programs had 184 graduates in 2015,

a 46% decrease from 2014. Overall, South Dakota had a total of 899 RN and PN graduates, as compared to 1,031 in 2014. The decrease may be consistent with fewer RN associate enrolled students. Figure 4 depicts the percentage of graduates produced by program type.

### NCLEX Licensure Exam Rates

NCLEX–RN® pass rates for South Dakota's baccalaureate

and associate degree programs for the period of January 1 through December 31, 2015 for RN graduates taking the exam the first-time was 86.8%, Figure 5. The national pass rate was 84.5%. South Dakota's NCLEX–PN® pass rate for first-time test writers in this time period was 86.4%; the national pass rate was 82%, Figure 6. Of note, the passing standard for the PN exam was increased in 2014.

South Dakota's total number of RN graduates during the period of October 2014 – September 2015 was 706; of these graduates 454 (64%) were issued a South Dakota RN license. The number of PN graduates during this time period was 193; of these graduates 141 (73%) were issued a South Dakota LPN license. Refer to the full report for the number of graduates produced by each nursing program, <http://doh.sd.gov/boards/nursing/sdcenter.aspx>.

Figure 7. Faculty Age & Highest Degree Held

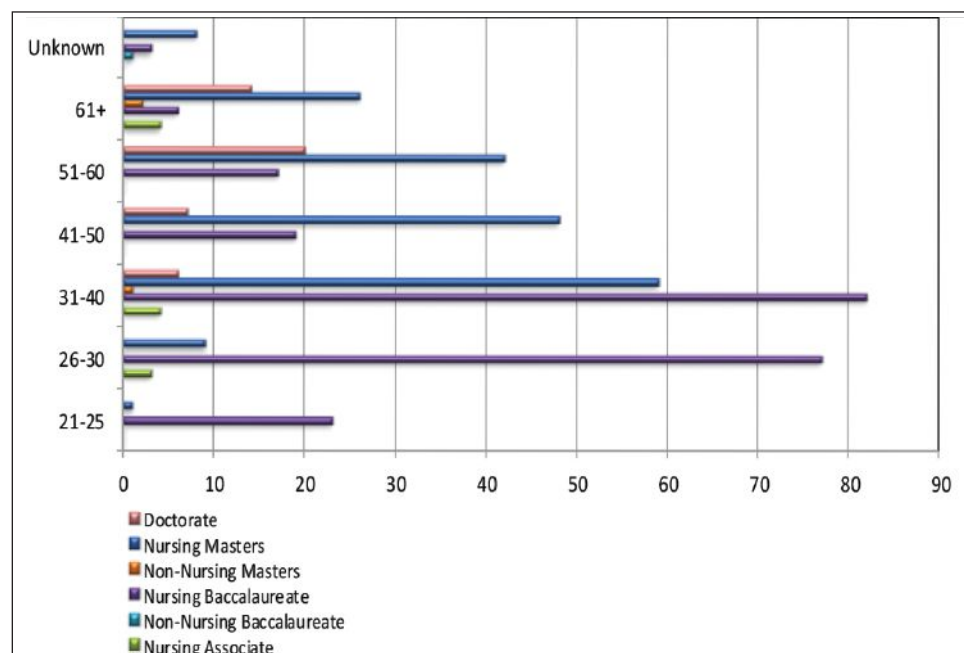
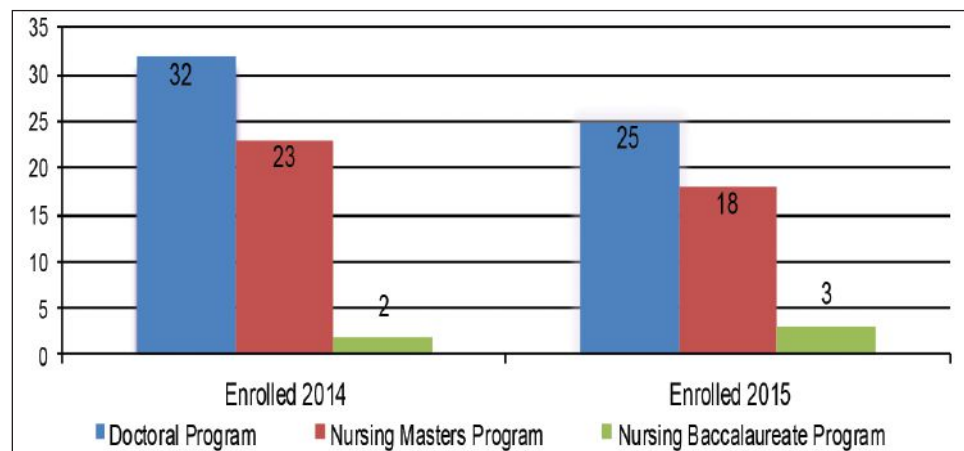


Figure 8. Total Faculty Enrolled in Education Leading to an Advanced Degree: 2014 – 2015



### Faculty

The majority of faculty members teaching in South Dakota's nursing programs are white females. Data revealed 9.7% of all nursing faculty in South Dakota hold a doctoral degree. Of that group, approximately 72% were 51 years and older. Additionally, data revealed 10.8% of all nursing faculty were 61 years and older, Figure 7. Figure 8 depicts the number of faculty enrolled in additional education leading to an advanced degree.

### Reference

Institute of Medicine (2010). *The future of nursing: Leading change, advancing health*. Retrieved from [http://www.thefutureofnursing.org/sites/default/files/Future%20of%20Nursing%20Report\\_0.pdf](http://www.thefutureofnursing.org/sites/default/files/Future%20of%20Nursing%20Report_0.pdf)



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## South Dakota Board of Nursing Scope of Practice Laws Updated to Reflect Current Practice

*By Linda Young, RN, MS, FRE, BC  
Nursing Practice Specialist, South  
Dakota Board of Nursing*

RN and LPN scope of practice laws in South Dakota Codified Law (SDCL) 36-9-3 and SDCL 36-9-4 were updated during the 2016 legislative session and became effective July 1<sup>st</sup>, 2016. Upon review of these new laws, nurses may ask if their scope has changed or if a task is now included in their scope of practice. Updates to these laws were not meant to expand or change the scopes of RNs or LPNs. The laws were updated to reflect current nursing practice. South Dakota's scope of practice statutes had not been updated since 1976 for LPNs and 1986 for RNs. The new laws are printed in Table 1 and can be found on the Board's website: [http://sdlegislature.gov/statutes/Codified\\_Laws/DisplayStatute.aspx?Statute=36-9&Type=Statute](http://sdlegislature.gov/statutes/Codified_Laws/DisplayStatute.aspx?Statute=36-9&Type=Statute).

Often it is difficult for employers to understand the roles of RNs and LPNs and what a nurse may or may not do. State NPAs are comprised of statutes and rules which define and govern nursing practice and generally do not include lists of tasks that can or cannot be performed. Instead the laws are written broadly to allow flexibility so nurses can practice in a variety of settings and can learn new skills and tasks as health care evolves. Whether a task or activity is in a nurse's scope is dependent upon answering a few important questions. First ask, *is the task expressly permitted or prohibited in the South Dakota Nurse Practice Act (NPA)?* If the task is not expressly prohibited in the NPA, *is there a South Dakota Board of Nursing Advisory Opinion/Position statement on the topic?* The Board of Nursing provides statements on practice based on written requests. Although these statements do not have the force and effect of law, they do serve as a guideline for nurses who are not certain whether a task or activity is within their scope of practice. The Board has issued position statements on various areas of practice; these statements can be found on the Board's website at: <http://doh.sd.gov/boards/nursing/title-opinion.aspx>.

Next, *is there a policy or protocol on the*

*task or activity at your employing facility?* If yes, read and follow the policy. Agency policies should guide you in providing safe care within that facility. Employers are accountable to review policies and protocols regularly to make certain they include current, evidence based practices that meet all state and federal regulatory, reimbursement, or other accrediting body requirements. Also assess what the current standards of practice and guidelines are for this task/activity. *Is there current nursing literature or evidence based research on the task or activity? And would a reasonable, prudent nurse perform the task in a similar situation or circumstance?* Gathering information from national nursing specialty organizations identifies what national experts believe is the standard of practice. For instance practice guidelines on wound care might be found on the Wound, Ostomy, and Continence Nurses Society website; or intravenous infusion therapy guidelines might be found on the Infusion Nurse's Society website. A helpful link to a list of national professional nursing organizations is: <http://www.nurse.org/orgs.shtml>. Requesting policies and procedures from other facilities might also be useful in determining the standard of practice and what might be considered reasonable and prudent nursing practice for the specific task or activity.

Finding answers to some or all of these questions may serve as evidence that the task or activity is or is not in a nurse's scope of practice. If the evidence demonstrates that the task or activity may be in a nurse's scope, ask, *does the nurse have the knowledge and skills necessary to perform the task or activity?* If not, *is there a comprehensive training program with clinical instruction available to prepare the nurse to perform the new task or skill safely?* Nurses are responsible to perform safe care and accept assignments within their individual educational preparation, experience, knowledge, skills and abilities. Pursuant to ARSD 20:48:04:01, "a licensee is

personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person." Each nurse must determine whether or not he/she has the depth of knowledge needed to perform the new task in an effective and safe manner and according to agency policy. Nurses without sufficient depth of knowledge or skill may obtain additional education and training through in-service, continuing education, or graduate studies in order to perform a task or activity.

A Scope of Practice Decisioning Model and algorithm was developed as a reference tool for nurses to use in determining if a task or activity may be in their scope. The algorithm was approved by the South Dakota Board of Nursing at their November 2004 meeting and can be accessed and printed from the Board's website, <http://doh.sd.gov/boards/nursing/documents/ScopeofPractice3.pdf>.

LPNs and employers often ask whether or not an LPN may perform certain tasks. Table 2 provides a list with some of the tasks LPNs may or may not be allowed to perform. Keep in mind that in order for a task to be within a nurse's scope the appropriately prepared nurse must:

- Be educated and competent to perform the procedure or activity;
- Have an appropriate medical order for the procedure;
- Practice according to accepted standards of practice;
- Have a facility policy or procedure in place that supports the performance of the task or activity, as appropriate; and
- Have in place adequate level supervision by a registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the state.



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Table 1. RN and LPN Scope of Practice Laws and Rules

RN Scope	LPN Scope
SDCL 36-9-3. The practice of a registered nurse (RN) includes:	36-9-4. A licensed practical nurse (LPN) practices under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the state. A licensed practical nurse is guided by nursing standards established or recognized by the board and includes:
1) Providing comprehensive nursing assessment of health status of patients;	1) Collecting data and conducting a focused nursing assessment of the health status of a patient;
2) Collaborating with the health care team to develop and coordinate an integrated patient-centered health care plan;	2) Participating with other health care providers in the development and modification of the patient-centered health care plan;
3) Developing the comprehensive patient-centered health care plan, including: <ol style="list-style-type: none"> <li>Establishing nursing diagnosis;</li> <li>Setting goals to meet identified health care needs; and</li> <li>Prescribing nursing interventions;</li> </ol>	3) Implementing nursing interventions within a patient-centered health care plan;
4) Implementing nursing care through the execution of independent nursing strategies and the provision of regimens requested, ordered, or prescribed by authorized health care providers;	4) Assisting in the evaluation of responses to interventions;
5) Evaluating responses to interventions and the effectiveness of the plan of care;	5) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly;
6) Designing and implementing teaching plans based on patient needs;	6) Advocating for the best interest of the patient;
7) Delegating and assigning nursing interventions to implement the plan of care;	7) Communicating and collaborating with patients and members of the health care team;
8) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly;	8) Assisting with health counseling and teaching;
9) Advocating for the best interest of the patient;	9) Delegating and assigning nursing interventions to implement the plan of care; and
10) Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across settings;	10) Other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the licensed practical nurse's education, demonstrated competence, and experience.
11) Managing, supervising, and evaluating the practice of nursing;	
12) Teaching the theory and practice of nursing;	
13) Participating in development of health care policies, procedures, and systems; and	
14) Other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience.	
36-9-1. Terms as used in this chapter, unless the context otherwise requires, mean:	
7) "Comprehensive nursing assessment," collection, analysis, and synthesis of data performed by the registered nurse used to establish a health status baseline, nursing diagnosis, plan nursing care, and address changes in a patient's condition;	8) "Focused nursing assessment," recognizing patient characteristics by a licensed practical nurse that may affect the patient's health status, gathering and recording assessment data, and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms,
ARSD 20:48:04:01. Scope and standards of nursing practice -- Basic role.	
The scope of practice of the <u>RN</u> and the <u>LPN</u> is dependent upon each nurse's basic education and demonstrated competence in additional skills acquired through in-service, continuing education, or graduate studies. A licensee is personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person. The following are the standards of nursing practice:	
(1) For the RN:	(2) For the LPN:
a) The RN shall utilize the following recurring nursing process: <ol style="list-style-type: none"> <li>Make nursing assessments regarding the health status of the client;</li> <li>Make nursing diagnoses which serve as the basis for the strategy of care;</li> <li>Develop a plan of care based on assessment and nursing diagnosis;</li> <li>Implement nursing care; and</li> <li>Evaluate responses to nursing interventions;</li> </ol>	a) The LPN shall assist the RN or physician in the recurring nursing process as follows: <ol style="list-style-type: none"> <li>Contribute to the nursing assessment;</li> <li>Participate in the development of the nursing diagnoses;</li> <li>Participate in care planning;</li> <li>Participate in the implementation of nursing interventions;</li> <li>Contribute to the evaluation of responses to nursing interventions;</li> </ol>
b) The RN shall recognize and understand the legal implications of delegation and supervision. The nurse may delegate to another only those nursing interventions which that person is prepared or qualified to perform and shall provide minimal or direct supervision to others to whom nursing interventions are delegated. The RN may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01;	b) The LPN may practice as follows in two general settings: <ol style="list-style-type: none"> <li>With at least minimal supervision when providing nursing care in a stable nursing situation; and</li> <li>With direct supervision when providing nursing care in a complex nursing situation;</li> </ol> ARSD 20:48:01:01. Definitions. ... Terms used in this article mean: (5) "Complex nursing situation," a situation in which the client's clinical and behavioral state is not predictable and rapid change in that state is reasonably anticipated; (9) "Direct supervision," supervision given by a registered nurse or licensed physician who is physically present in the immediate area where the client is being provided nursing service; (12) "Minimal supervision," supervision given by a registered nurse, licensed physician, or dentist who is physically on the premises where the client is being cared for or readily available by telephone; (14) "Stable nursing situation," a situation in which the client's clinical and behavioral state is known and predictable and no rapid change in that state is reasonably anticipated;
c) When providing preventive, restorative, and supportive care, the RN may determine and place durable medical equipment or therapeutic devices necessary to implement the overall nursing plan of care; and	c) The LPN may perform the intravenous therapy functions defined in § 20:48:04:06, with demonstrated competence acquired through basic nursing education or in-service training or other forms of continuing education;



d) The board recognizes Nursing: Scope and Standards of Practice, 2004, and the Guide to the Code of Ethics for Nurses: Interpretation and Analysis, 2008, as published by the American Nurses Association as the criteria for assuring safe and effective practice following licensure;	d) The LPN shall consult with a registered nurse or other health team members and seek guidance as necessary and shall obtain instruction and supervision as necessary;
	e) The LPN may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01; and
	f) The board recognizes the NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs, 2007, as published by the National Association for Practical Nurse Education and Service as the criteria for assuring safe and effective practice following licensure.

Table 2. LPN Role, Selected Tasks

LPN Task/Responsibility	May perform if in individual LPN scope	May Not Perform
Charge Nurse	<ul style="list-style-type: none"> <li>Accept role of charge nurse, team leader in stable nursing setting.</li> <li>Supervise unlicensed personnel.</li> </ul>	<ul style="list-style-type: none"> <li>Supervise licensed health professionals. Since LPNs are required in law to be supervised, the LPN should not supervise licensed providers.</li> </ul>
Dialysis: Hemodialysis and Peritoneal	<ul style="list-style-type: none"> <li>Perform following completion of additional education pursuant to ARSD 20:48:04.02.03.</li> <li>Provide for clients 12 year and older.</li> <li>Initiate, monitor and discontinue dialysis treatments for peripheral or central catheter accesses according to IV therapy guidelines described below.</li> </ul>	
Gastrostomy Tube	<ul style="list-style-type: none"> <li>Change or replace tube.</li> <li>Administer medication via tube.</li> </ul>	
Intravenous (IV) Therapy  Peripheral and Externally Accessed Central Lines  Pursuant to ARSD 20:48:04:06 and 20:48:04:07	<p>For both peripheral &amp; externally accessed central lines, may:</p> <ul style="list-style-type: none"> <li>Provide for patients 12 years and older.</li> <li>Perform peripheral venipuncture for IV therapy.</li> <li>Assemble and maintain equipment for gravity drip infusion and electronic controlling devices.</li> <li>Calculate and adjust infusion rates using standard formulas.</li> <li>Perform routine tubing set changes.</li> <li>Administer standard (maintenance) solutions at a defined flow rate, with or without admixtures, mixed and labeled by a pharmacist, RN, or physician.</li> <li>Administer vitamins, antibiotics, corticosteroids, and H2 antagonists by piggyback route, mixed and labeled by a pharmacist, RN, or physician.</li> <li>Perform routine dressing changes.</li> <li>Perform routine saline and heparin flushes.</li> </ul> <p>For Peripheral lines only, may:</p> <ul style="list-style-type: none"> <li>Convert and flush intermittent infusion devices with saline or heparin.</li> <li>Discontinue and remove (not including midlines or PICC lines)</li> </ul>	<p>For Peripheral &amp; externally accessed central lines, may not:</p> <ul style="list-style-type: none"> <li>Assemble and maintain equipment for client-controlled devices, e.g. PCA pump.</li> <li>Administer IV solutions with potassium chloride added at concentration that exceeds 20 meq/liter or at a rate that exceeds 10 meq/hour.</li> <li>Administer first dose of vitamins, antibiotics, corticosteroids, and H2 antagonists (must be administered by RN).</li> <li>Administer medications by direct IV push or bolus route.</li> <li>Administer blood or blood products (may assist with monitoring).</li> <li>Administer fat emulsions (may assist with monitoring).</li> <li>Administer total parenteral nutrition (may assist with monitoring).</li> <li>Administer Chemotherapy (may assist with monitoring); or</li> <li>Administer any medications by intravenous route not authorized by § 20:48:04:06.</li> </ul>
Laboratory Blood Draws	<ul style="list-style-type: none"> <li>Perform peripheral venipuncture according to lab requirements for all ages, same as a phlebotomist.</li> <li>Aspirate blood from central lines for patients 12 years and older according to standards of nursing practice and lab requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Insert or discontinue/remove midlines, PICCs, central lines, and port-a-cath needles.</li> </ul>
Medication Administration	<ul style="list-style-type: none"> <li>Administer oral, SQ, IM, topical, rectal, vaginal, inhalation, eye, and ear.</li> <li>Delegate to a registered Med Aide in accordance with ARSD 20:48:04.01.</li> </ul>	<ul style="list-style-type: none"> <li>Delegate SQ insulin administration to unlicensed assistive persons (UAP) or unlicensed diabetes aides (UDA).</li> </ul>
Naso-gastric Tube	<ul style="list-style-type: none"> <li>Insert and remove.</li> <li>Administer medication via tube.</li> </ul>	
Patient Teaching	<ul style="list-style-type: none"> <li>Assist with admission and discharge of patients.</li> </ul>	
Physician Orders	<ul style="list-style-type: none"> <li>Receive and document verbal orders.</li> </ul>	
Trach Care	<ul style="list-style-type: none"> <li>Suction, perform dressing changes.</li> </ul>	
Suprapubic Catheter	<ul style="list-style-type: none"> <li>Change or replace tube.</li> </ul>	
Wound Care	<ul style="list-style-type: none"> <li>Perform sterile, complex dressing changes,</li> <li>Remove sutures and staples.</li> </ul>	

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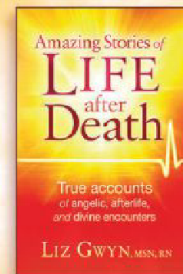
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